

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4	1					
5		1				
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	2					
TOTAL CLAIMS	3					

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

1
2
3